

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

Michael L. JONES 417267

v

THOMAS. Carroll et.al

ORDER TO SHOW CAUSE FOR A
PRELIMINARY INJUNCTION
Civil Action No.

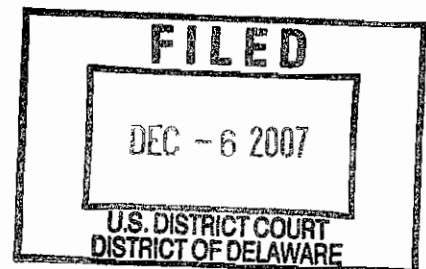
Upon the complaint, the supporting affidavit of plaintiff and the
marked exhibits submitted herewith, it is:

ORDERED, that defendants, THOMAS Carroll, David Pierce,
David Holman, Karen Hawkins, Raynard Jones, Audrey Evans, Keshaw Travies,
Larry Savage, Floyd S. Dixon, show cause in room _____ of the
United States Courthouse 844 N. KING STREET, Lockbox 13. Wilmington, Delaware 19801
on the _____ day of _____ 2007 at _____ o'clock,
why a preliminary injunction should not issue pursuant to Rule 65(a) of the
Federal Rules of Civil Procedure enjoining the defendants, their successors in
office, agents and employees and all other persons acting in concert and
participation with them from, threaten, harassing, putting stuff in plaintiffs
Food trays, any sort of retaliation.

IT IS FURTHER ORDERED that the order to show cause, and all other
papers attached to this application, be served on the aforesaid Plaintiff by _____.

Judges signature _____

Dated: _____
United States District Judge



AFFIDAVIT
Supporting
Preliminary Injunction.

I Michael L. Jones 417267, the plaintiff in this case has been off and on harassed, threaten, stuff put in my food trays since March 2007 and its still continuing I have wrote numerous grievances, appeal grievances, complaints, and nothing has been done to stop this abuse by co-cpl/Sgt Raynard Jones, enclosed are copies of grievances I wrote and appeal grievances and also you can refer to the exhibits marked in this complaint. Your Honor if a preliminary Injunction is not enstated I will continue to suffer this abuse that I have been suffering and because I am an inmate nobody wants to get involved to stop this abuse. I even sent a Emergency written request to the new Head of Security here in D.C. for my food to be wrapped up or move me to stop them from tampering in my food trays (Exhibit A). Exhibit A-1 through A-7 are grievances I wrote about the abuse I am receiving and continuing to received every passing day. Exhibit B-1 through B-5 are appeal grievances I wrote well the only ones I was sent back. Exhibit C just shows the neglect by authorities to do anything here in the SHU.

I declare under the penalty of perjury that the foregoing is true and correct. Executed at Smyrna, Delaware on 11-1-07

Michael L. Jones

Mr. James Scarborough

Security Superintendent

10-5-07

EMERGENCY
WRITTEN REQUEST

Sgt Raynard Jones has been tampering with my food since June 07. I have written the Wardens, Majin Holman, STAFF Lt Hawkins and grievances, nothings been done, breakfast is the most important meal of the day I can't eat mines do to this guy and since I can't eat my stomach hurts due to hunger pain I get light headed/dizzy when I get up I'm losing weight my health is deteriorating. I've notified 1268 Lt Barlow, I mean Sgt Raynard Jones is like unstoppable. I request that my food trays be sent on styrofoam plates and wrapped in plastic like inmates that has disciplinary problems get theirs or that I be moved to building 19 A.S.A.P this issue with Sgt Raynard Jones has been going on long enough from the retaliation to the disrespect to the tampering with my food enough is enough. Please review this request without prejudice.

Thank You

Michael Jones 417267

SgtV-17 D-08

note: Sgt Raynard Jones serves breakfast every Friday, Saturday, Sunday, Monday & Tuesday.

(EXHIBIT A)

(EXHIBIT A-1)

FORM #584

D48

GRIEVANCE FORMFACILITY: D.C.CDATE: 8-28-07GRIEVANT'S NAME: Michael JonesSBI#: 417267CASE#: 141963TIME OF INCIDENT: 5:30 AMHOUSING UNIT: SHU-17-D-U8

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Today at breakfast Tim once again Department of Corrections Correctional Officer
Raynard Jones was serving breakfast my french toast had all types of dirt
and hairs all over the bottom like it was scraped on the floor this is an ongoing
issue and Im being neglected by D.C.C administration and also I suppose to be able
to eat 3 meals a day but due to Correctional Officer Raynard Jones ~~and~~
~~and my breakfast~~ Malicious and sadistic nature Im being deprived
of the most important meal of the day.

ACTION REQUESTED BY GRIEVANT: That Commissioner Carl Danberg, Warden Thomas Carroll
Deputy Warden David Pierce, Deputy Warden Betty Buiss and the Head of Security
Here in D.C.C be notified for their review and action and I want a grievance
hearing.

GRIEVANT'S SIGNATURE: Michael JonesDATE: 8-28-07WAS AN INFORMAL RESOLUTION ACCEPTED? (YES) X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

RECEIVED
 SEP 05 2007
 Inmate Grievance Office

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

791-GMS Document 4 Filed 12/1/11

(EXHIBIT A-2)

D48

FORM #584

GRIEVANCE FORM

FACILITY: D.C. C

DATE: 3-25-07

GRIEVANT'S NAME: Michael Jones

SBI#: 417267

CASE#: 142023

TIME OF INCIDENT: 4:28 AM

HOUSING UNIT: SHU-17-D-V8

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Department of Corrections, Correctional officer Blake at 4:28 AM banged down my flap along with all 23 other flaps on the tier. The flaps are not suppose to be left open at anytime. Its affecting me cause of all the noise on the tier that echos into my cell such as inmates talking to themselves real loud and doors being slammed from Correctional Officer that talks inmates to get their insulins shots and I get these excruciating headaches due to all this noise that echos into my cell from the flaps being open early in the morning. Breakfast doesn't come until 5:30 AM or later why is my flap being open and left open?

ACTION REQUESTED BY GRIEVANT: That Commissioners Carl Danberg, Warden Thomas Carroll
Deputy Warden David Pierce, Deputy Warden Betty Birris and the Head of Security
here in D.C.C. be notified of this ongoing situation and I would like a grievance
hearing

GRIEVANT'S SIGNATURE: M. H. L.

DATE: 4:28 AM

WAS AN INFORMAL RESOLUTION ACCEPTED?

____(YES) X____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE:

RECEIVED
SEP 05 2007
Grievance Office

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven(7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s):

 Vulgar/Abusive or Threatening Language. The language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

 Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed. Disciplinary Action Parole Decision
 Classification Action

 ✓ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.


 Duplicate Grievance(s). This issue has been addressed previously in Grievance # .

 Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

 Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

 Expired filing period. Grievance exceeds seven(7) days from date of occurrence.

*IGC DOES NOT MAKE NOTIFICATIONS FOR INMATES.
 YOUR CONCERNS HAVE BEEN FORWARDED TO SGT.
 HAWKINS*


 Inmate Grievance Chairperson

9/25/07
 Date

(EXHIBIT A-3)

D48

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C DATE: 8-24-07
 GRIEVANT'S NAME: Michael Jones SBI#: 417267
 CASE#: 142043 TIME OF INCIDENT: 4:30am
 HOUSING UNIT: SHU- 17-D-UB

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Department of Corrections, Correctional officer Blake, at 4:30am banged down my flap along with all 23 other flaps on the tier. The flaps are not suppose to be left open at anytime. It's affecting me cause of all the noise on the tier that echos into my cell such as inmates talking to themselves read loud and doors being slammed from correctional officer that takes inmates to get there insulin shots and loged these excruciating headaches due to all this noise that echos into my cell from the flaps being open early in the morning. Breakfast does not come until 5:30am or later why is my flap being open and left open?

ACTION REQUESTED BY GRIEVANT: That Commissioner Carl Danberg, Warden Thomas Connell, Deputy Warden David Pierce, Deputy Warden Mrs. Briss and The Head of Security here in D.C.C. be notified of this ongoing situation and I would like a grievance hearing.

GRIEVANT'S SIGNATURE: Michael Jones DATE: 8-24-07

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) ☒ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

RECEIVED
 SEP 05 2007
 Inmate Grievance Office

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven(7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s):

 Vulgar/Abusive or Threatening Language. The language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

 Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed. Disciplinary Action Parole Decision
 Classification Action

☒ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.

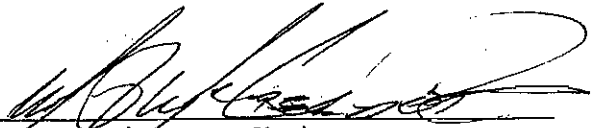
 Duplicate Grievance(s). This issue has been addressed previously in Grievance # .

 Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

 Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

 Expired filing period. Grievance exceeds seven(7) days from date of occurrence.

*IBC DOES NOT MAKE NOTIFICATIONS FOR INMATES
 YOUR CONCERNS HAVE BEEN FORWARDED TO SGT.
 HAWKINS*


 Inmate Grievance Chairperson

9/25/07
 Date

(EXHIBIT A-4)

FORM #584

DUB

GRIEVANCE FORMFACILITY: D.C.C.DATE: 8-27-07GRIEVANT'S NAME: Michael JonesSBI#: 417267CASE#: 141983TIME OF INCIDENT: 5:30amHOUSING UNIT: SHU-17-D-3

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Today 8-27-07 I was standing at my cell window and I observed one Department of Corrections Correctional Officer Raymond Jones passing out breakfast trays when he gave I upper 12 his tray he counted the trays on one side of the cart the 3rd tray down the one he stopped at was the tray he gave me this tray was tampered with the eggs had what appeared to be milk in it, the hash browns were all crushed up with milk in it and I know this didn't come from the kitchen like this this is an ongoing issue with Correctional Officer Raymond Jones playing in my food and I'm being neglected by D.C.C. administration cause they are aware of this problem and is doing nothing to stop it. I missed breakfast today due to my food being tampered with.

ACTION REQUESTED BY GRIEVANT: That Warden Thomas Connell, Deputy Warden David Pierce, Deputy Warden Betty Briss, The Head of Security in D.C.C. and Commissioners of Jail's Carl Danberg be notified for their review and action

GRIEVANT'S SIGNATURE: Michael JonesDATE: 8-27-07

WAS AN INFORMAL RESOLUTION ACCEPTED?

 (YES) X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED
SEP 05 2007
Inmate Welfare Office

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven(7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be recieved during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s):

 Vulgar/Abusive or Threatening Language. The language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

 Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed. Disciplinary Action Parole Decision
 Classification Action

 ✓ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.


 Duplicate Grievance(s). This issue has been addressed previously in Grievance # .

 Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

 Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

 Expired filing period. Grievance exceeds seven(7) days from date of occurrence.

*IGC DOES NOT MAKE NOTIFICATIONS FOR INMATES.
YOUR CONCERNS HAVE BEEN FORWARDED TO SGT.
HAWKINS*


Inmate Grievance Chairperson

9/25/07
Date

(EXHIBIT A-5)

FORM #584
EMERGENCY
GRIEVANCE FORM

DU8

FACILITY: DCCDATE: 9-1-07GRIEVANT'S NAME: Michael JonesSBI#: 417267CASE#: 142003TIME OF INCIDENT: 5:15 AM 12 to 3HOUSING UNIT: SHU-17-D-08

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Department of Corrections, Correctional Officer Raymond Jones was serving breakfast as usual and I noticed that my bread had a powdery white substance on the bottom 2 slices look's like either clonazepam or a soap ball, this is a life threatening situation he is becoming extremely dangerous and he trying to poison me. Im being neglected by the administration cause this has been going on since June its now September and my food is still being tampered with. Correctional Officer Raymond Jones is not only abusing his authority but he using his job/position to secure a crime that is attempt to murder by poison. This is an emergency grievance. I can't eat my breakfast when he works cause I could possibly be poisoned and die.

ACTION REQUESTED BY GRIEVANT: That Commissioner Carl Denberg, Warden Thomas Carroll Deputy Warden David Pierce, Deputy Warden Betty Buriss, and the Head of Security be notified for their action and review. That Correctional Officer Raymond Jones be banned from handling any food being passed out and I want a grievance hearing.

GRIEVANT'S SIGNATURE: Michael JDATE: 9-1-07

WAS AN INFORMAL RESOLUTION ACCEPTED?

 (YES) X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANTRECEIVED
SEP 05 2007
Inmate Grievance Office

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven(7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s):

 Vulgar/Abusive or Threatening Language. The language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

 Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed. Disciplinary Action Parole Decision
 Classification Action

☒ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.


 Duplicate Grievance(s). This issue has been addressed previously in Grievance # .

 Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

 Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

 Expired filing period. Grievance exceeds seven(7) days from date of occurrence.

*IGC DOES NOT MAKE NOTIFICATIONS FOR INMATES.
YOUR CONCERNS HAVE BEEN FORWARDED TO DET.
HAWKINS*


Inmate Grievance Chairperson

9/25/07
Date

EXHIBIT A-6

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C DATE: 9-25-07
 GRIEVANT'S NAME: Michael James SBI#: 417267
 CASE#: 143002 TIME OF INCIDENT: 8 to 4 shift rec-time
 HOUSING UNIT: SHV-17-D-28

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE, GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I came out for rec this morning and went inside the cage Sargent Traxies said "Oh Ima shake you down real good today" And while I was on rec she went into my cell by herself and was in my cell by herself for 20 minutes. I was the only one, singled out, for a shake down. my cell was the only cell shook down. That shows that I am continuously being abused by correctional officers. Sargent Traxies came to work mad and therefore took her anger out by shaking down and destroying my cell. She has abused her Authority just cause she can. Area Lt. Satterfield has been notified of the ongoing abuse I'm receiving.

ACTION REQUESTED BY GRIEVANT: That Commissioner Carl Danberg, Warden Thomas Carroll, Deputy Warden Betty Buriss, Deputy Warden David Pierce, The head of Security here in D.C.C. be notified and also let them know staff Lt. Hawkins will not intervene with complaints against correctional officers and I want to be moved to building 19 A.S.A.P. so I can get away from this abuse and have a grievance hearing

GRIEVANT'S SIGNATURE: Mehlf DATE: 9-25-07

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

RECEIVED
OCT 03 2007
Inmate Grievance Office

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

EXHIBIT A-7

FORM #584

GRIEVANCE FORM

DUB

Staff Lt. Hawkins

FACILITY: D.C.C.DATE: 5-10-13-07GRIEVANT'S NAME: Michael JonesSBI#: 417267HOUSING UNIT: SHU-17-D-03

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

cpl/cpl/SGT. Raynard Jones came around with the nurse today at 5:14 AM and purposely being cruel banged down every flap on the tick extra hard. First and foremost I don't take medication there's no reason for my flap to be open breakfast wasn't handed out until 5:53 AM I now have an excruciating headache my headache is so bad I can't go back to sleep what he's doing is unnecessary and he knows exactly what he's doing he's trying to inflict pain in a cowardly way in fact he is inflicting pain cause I have a headache. All the 12 to 8 Lts are aware that these flaps are left open in the morning cause they have to come on the tie and take someone in & to feed them in the interview room they don't care. cpl/cpl/SGT Raynard Jones does what he wants to do!

ACTION REQUESTED BY GRIEVANT: That I stop being abused/ and the mental Torture that I'm receiving stops also by cpl/cpl/SGT Raynard Jones on 12 to 8 shift. I want a grievance hearing A.S.A.P and also someone other than S/Lt Hawkins to get involved cause S/Lt. Hawkins is scared to do anything about cpl/cpl/SGT Raynard Jones.

GRIEVANT'S SIGNATURE: Michael JonesDATE: 10-13-07

WAS AN INFORMAL RESOLUTION ACCEPTED?

____ (YES) X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANTRECEIVED
OCT 17 2007
Inmate Grievance Office

Exhibit B-1

DUG

~~FORM #584~~~~GRIEVANCE FORM~~

APPEAL GRIEVANCE

FACILITY: D.C.CDATE: 8-28-07 I received my grievance backGRIEVANT'S NAME: Michael JonesSBI#: 417267CASE#: 139842 142044TIME OF INCIDENT: 8-15-07 at 4:12 AMHOUSING UNIT: SHU-17-D-28

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I am appealing case # 139842 it was sent back to me saying Duplicate Grievance. This issue has been addressed previously in Grievance 138703 well that's news to me cause I never heard nothing about it and it's not a Duplicate grievance cause if a Correctional Officer continues to cause me mental/physical pain by there actions everytime its done I ~~will~~ am going to write it up. Its an ongoing problem and if it happens every day Im going to write it up every day.

ACTION REQUESTED BY GRIEVANT: That everytime I write a grievance I want Commissioner Carl Danberg, Warden Thomas Carroll, Deputy Warden David Pierce, Deputy Warden Betty Burris and the head of Security notified for their review and action and I want a grievance hearing

GRIEVANT'S SIGNATURE: Michael JonesDATE: 8-28-07

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES)

X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

RECEIVED
SEP 05 2007
Inmate Grievance Office

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven(7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s):

 Vulgar/Abusive or Threatening Language. The language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

 Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed. Disciplinary Action Parole Decision
 Classification Action

☒ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.

 Duplicate Grievance(s). This issue has been addressed previously in Grievance # .

 Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

 Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

 Expired filing period. Grievance exceeds seven(7) days from date of occurrence.

*IGC DOES NOT MAKE NOTIFICATIONS FOR INMATES.
 YOUR CONCERNS HAVE BEEN FORWARDED TO SGT.
 HAWKINS*


 Inmate Grievance Chairperson

9/25/07
 Date

EXHIBIT B-2.

FORM #584

~~GRIEVANCE FORM~~
APPEAL FORM

FACILITY: _____

DATE: 9-26-07GRIEVANT'S NAME: Michael JonesSBI#: 417267HOUSING UNIT: SHU-17-D-28

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

My grievance was returned saying request are not processed through the grievance procedure. I ask that the Warden in Head of Security be notified that Sgt. Raymond Jones is continuously putting stuff in my food trays and I can't eat. STAFF Lt. Hawkins doesn't care about inmates and she will not do nothing about it. This has been ongoing since June and she knows about it but don't care.

RECEIVED
OCT 17 2007
Inmate Grievance Office

ACTION REQUESTED BY GRIEVANT: I ask that someone higher up be notified so that the Warden in Head of Security or Move me to building 19 to get away from this Abuse I'm receiving.

 **DUPLICATE**

GRIEVANT'S SIGNATURE: Michael JonesDATE: 9-26-07

WAS AN INFORMAL RESOLUTION ACCEPTED? _____

(YES)

(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

EXHIBIT-B-3

FORM #584

GRIEVANCE FORM

APPEAL FORM

FACILITY: D.C.CDATE: 9-26-07GRIEVANT'S NAME: Michael JonesSBI#: 417269HOUSING UNIT: SHU-17-D-3

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

My grievance was returned to me today CASE# 142003 saying request are not processed through the grievance board. I asked that all the Warden and the Head of Security be notified that Sgt Raymond Jones is continuously putting stuff in my breakfast trays and I can't eat my breakfast.

ACTION REQUESTED BY GRIEVANT: That someone higher up be notified about this ongoing problem and that it stops and that STAFF Lt. Hawkins not be involved cause she doesn't care about inmates health & safety concerns. she will not do anything.

GRIEVANT'S SIGNATURE: [Signature]DATE: 9-26-07

WAS AN INFORMAL RESOLUTION ACCEPTED?

____ (YES) Y (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

EXHIBIT B-4

FORM #584

GRIEVANCE FORM
APPEAL FORMFACILITY: D.C.CDATE: 9-26-07GRIEVANT'S NAME: Michael JonesSBI#: 417267HOUSING UNIT: SHU-12-D-09

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

My grievance was returned saying it does not make notifications for inmates and my concerns about Sgt Raynard Jones playing in my breakfast trays has been forwarded to STAFF Lt Hawkins. STAFF Lt Hawkins does not care about inmates health or safety and she will not intervene on inmates behalf concerning issues with c/o's.

ACTION REQUESTED BY GRIEVANT: I want some one other than STAFF Lt. Hawkins aware of my ongoing health and safety concern like Head of Security Mr. James Scarborough or the Warden or someone higher up STAFF Lt Hawkins has neglected to look into this situation because I am an inmate also want to be moved to building 19 to get away from this abuse.

GRIEVANT'S SIGNATURE: Michael JonesDATE: 9-26-07

WAS AN INFORMAL RESOLUTION ACCEPTED?

____ (YES) X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

EXHIBIT B-5

FORM #584

D48

GRIEVANCE FORM

APPEAL

FACILITY: D.C.C.DATE: 10-11-07GRIEVANT'S NAME: Michael JonesSBI#: 417267HOUSING UNIT: SHU-17-D-03

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I wrote a grievance on 9-25-07 about Sgt Travis singling me out for a shake down and how I'm continuously being abused in this building. My grievance was returned to 10-11-07 saying my grievance is non-grievable. I'm being abused by correctional officers so what am I suppose to do if I can't grieve it. My cell and my cell only was shook down "just cause" I'm being targeted by Sgt Travis and I want it to stop. I ask for a grievance hearing that all the Wardens be notified and that I be moved but it was denied by Cpl M. Dutton cause I'm an inmate and C/O's take up for each other.

ACTION REQUESTED BY GRIEVANT: That all the Wardens, and necessary personnel be notified that I'm being abused so when I sue they can't say they didn't know I want this abuse to stop and I WANT A GRIEVANCE HEARING.

GRIEVANT'S SIGNATURE: Michael JonesDATE: 10-11-07

WAS AN INFORMAL RESOLUTION ACCEPTED?

☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILED
GRIEVANT

OCT 17 2007

April '97 REV

Inmate Grievance Office

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 09/27/2007

DU8

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : JONES, MICHAEL L	SBI# : 00417267	Institution : DCC
Grievance # : 142549	Grievance Date : 09/17/2007	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Staff Issues	Incident Date : 09/11/2007	Incident Time : 17:00
IGC : McCreanor, Michael	Housing Location : Bldg 17, Upper, Tier D, Cell 8, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: At 5:00 pm today September 11, 2007 I woke up to someone else's feces in my cell and all over the bottom of my door, I told the tier officers about it and they seen it and said they have to get permission from the building Sgt to let me clean it up. A couple hours later Sgt. Iglesia told me to get dress I have to up from to see the Lieutenant but when she opened my cell door and I stepped out she look at the feces and determined that it did in fact come from outside of my cell in cause the way it was splashed. She told me to go back into my cell and called the pod and told them that's the wrong one and took another inmate out to go see the Lieutenant. I asked her can I clean my cell of the feces she just ignored me. Furthermore I asked the C/O's that was working the tier can I clean it up they said the Sgt said no, let him sleep in it. I didn't get to clean up the feces until 12:15 pm the following day. I threw up 4 times and I had to sleep with someone else's feces in my cell, this is an emergency grievance.

Remedy Requested : That Warden Thomas Carroll, Deputy Warden David Pierce, Deputy Warden Betty Burris and the head of security be notified that procedure here in the SHU is not being followed and I want a grievance hearing and some type of safeguard that will not ever again let someone else's feces sit in my cell for 19 hours and 15 minutes and correctional officers/ Sergeant refuse to let me clean it up or get it cleaned up in a timely manner and I want to know what is a timely manner per DOC rules and procedure.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : NO	Date Received by Medical Unit :
Investigation Sent :	Investigation Sent To : Scarborough, James
Grievance Amount :	

EXHIBIT-C

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 09/27/2007

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : JONES, MICHAEL L	SBI# : 00417267	Institution : DCC
Grievance # : 142549	Grievance Date : 09/17/2007	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Staff Issues	Incident Date : 09/11/2007	Incident Time : 17:00
IGC : McCreanor, Michael	Housing Location : Bldg 17, Upper, Tier D, Cell 8, Single	

INFORMAL RESOLUTION

Investigator Name : Scarborough, James

Date of Report 09/27/2007

Investigation Report :

Reason for Referring:

EXHIBIT C

Offender's Signature: _____

Date : _____

Witness (Officer) : _____